SPECIAL EVENT/PICNIC APPLICATION



CITY OF LINDEN DEPARTMENT OF PARKS AND RECREATION

JOHN T. GREGORIO CENTER 330 HELEN STREET Linden, NJ 07036 Phone (908) 474-8627

E-Mail Address: lindenrec@linden-nj.org

Note: Each vendor will need to secure a Vendor Permit from appropriate department.

Complete this form and mail, deliver or e-mail it to the address above. For address verification, a copy/scan of your of your driver's license and a utility bill must be submitted prior to proceeding. Date: Date application received at Parks: Name of Applicant: Contact person (if different): Organization Name (if applicable): Address: City: State: Zip: Phone: Cell: E-Mail Address: NAME/TYPE/EVENT: **ANTICIPATED ATTENDANCE: EVENT DATE:** Will the event be held Rain or Shine? () YES () NO (Rain Dates for Community Events ONLY) **RAIN DATE:** () AL KALLA () DOROTHY FORD (ST. MARKS) () MEMORIAL PARK () JOHN T. GREGORIO CENTER () 7TH WARD COMMUNITY CENTER **FACILITY REQUESTED:** () 8TH WARD COMMUNITY CENTER () LINDEN MULTI PURPOSE CENTER () RAYMOND WOOD BAUER PROMENADE AMPHITHEATRE Special Event/Picnic fees are charged for all reserved dates, including rain dates, set-up and break down dates. Picnic fees are non-refundable. Provide a detailed description of activities to be held during this park usage (place answer below): **TIME(S):** Beginning & ending times when participants will be present: Event Start Time -- From: Setup to begin: Event End Time -- To: Breakdown to be completed by: Is this a Public or Private event? () YES () NO If Public, explain: (ie. is the public invited/welcome) Will the event be advertised? () YES () NO If YES, how? Beer/Wine permits are available for an additional Are you requesting a BEER and WINE permit? () YES () NO (JTG and Memorial Only) \$25 fee with a reservation. Beer/Wine cannot be sold. Will there be music? () YES () NO Will sound be professional or self-run? List all equipment you intend to bring to the site, including props, electrical wiring, decorations, tables, chairs (with size & quantity), etc: The Permit Holder must adhear to Police Regulations, NOISE, Chapter 3-2. List signs, banners and/or trail markings that will be put up on the day of the event and how they will be hung/posted: Will the event be catered? ()YES () NO If YES, what equipment will they bring (answer below)? Will there be food or novelty vendors? () YES () NO If YES, please list what type of vendor(s) & what equipment will they bring?

ADDITIONAL APPLICATION INFORMATION & INSTRUCTIONS

NO BOUNCE HOUSES PERMITTED

- Full payment is due when submitting the application.
- Refundable deposit required prior to the event.
- A certificate of insurance naming the City of Linden as an additional insured may be required. Amount to be determined at the time of approval by the City of Linden.
- · Signs and banners may not be posted/hung on park property in advance and must be removed at the conclusion of the event. Please -- DO NOT nail signs to trees.
- Payment for port-a-johns may be required if the area does not have enough standard restrooms or port-a-johns to accommodate your event, as determined by Park Maintenance.
- Applicants are responsible for the cost of repairs for ground or property damage resulting from the event.

 Park vendor fees, Board of Health and Fire Admission fees/donations may not be colle 			nden Department of
Parks & Recreation.			·
 Adherence to all Department of Parks & R 	ecreation guidelines and regula	ations is required.	
	ALCOHOL BEVE	ERAGE PERMIT	
	ale of any alcoholic beverages Holder to place all trash in the tr	ash cans provided at the park/faces to abide by the Alcoholic Be	rs will be subject to prosecution. acility. PLEASE USE RECYCLING
All applicants must provide a Certificate of Certificate of Insurar Special E Cost	the City of Linder nce for an event must be submit Events coverage through: Garde of Coverage eneral Liability Coverage: inden	CITY INSURANT CONTROL	vance of the event. ce Fund vent ngle Limits
It is understood and agreed that if this a demised premises which shall or might sub and the undersigned shall indemnify and and all liability, penalties, damage, expens	ject the Linden Parks & Recrea save harmless the City of Linde	signed shall neither do, nor per ution Department/City of Linden en and the Linden Parks & Recr injury to persons or property gi	to liability for injury to persons or property, eation Department from and against any
I have fully read and understand t			
	*** For Office	Use Only ***	
Are OT or other services necessary?	() YES () NO	Time From:	То:
Police needs/comments below:	Initial & Date:		
	Staff Comi	ment Area	
Reservation System Entry:	Initial & Date:		
\$50 Refundable Deposit Received Da	te Return	ned Date	
\$25 Beer/Wine Permit Received Dat	e Check/N	Money Order #	_
Additional Fees Received Date	Check/Money O	rder #	
Director's Signature:			